FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

106450	
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CMB Number

3235-0076

OMB APPROVAL

Expires:

Estimated average burden

hours per form 16.00



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USI	ONLY
Prefix	Serial
DATE RE	CEIVED
1	

Filing Under (Check box(es) that appl	ly): 🗆 Rule 504 🔠	□ Rule 505	☑ Rule 506	☐ Section 4(6)) □ ULOE	
Type of Filing: □ New Filing □	⊠Amendment					
	A. BAS	SIC IDENTIF	ICATION DAT	'A		
1. Enter the information requested ab	out the issuer					
Name of Issuer (☐ check if this is at ITS KOOL, LLC		•	and indicate cha	nge.)		77646
Address of Executive Offices(Numb 375 Pine Tree Lane, Boulder,		ite, Zip Code)			Telephone	
Address of Principal Business Opera (if different from Executive Offices)	ntions (Number a	and Street, City	, State, Zip G i	POCESSE	Elephone Number (inclu	ling Area Code
Brief Description of Business Perso	onal cooling devices		(CT 1 0 2007	R	<u>.</u> .
				THOMSON		
			· · · · · · · · · · · · · · · · · · ·			
Type of Business Organization				~~~~~~		
Type of Business Organization corporation business trust		partnership, alr partnership, to	eady formed	1	☑ other (please specify): limited liability company	
corporation	☐ limited j		eady formed	1	limited liability company	
☐ corporation ☐ business trust	☐ limited j	partnership, to	eady formed be formed Year	1	limited liability company	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be

photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Check Box(es) that Apply:	⊠ Promotor	☑Beneficial Owner	Executive Officer	☐ Director	⊠ General and/or Managing Partner
ull Name (Last name first, if in Anthony Peter Arnold	ndividual)				
Business or Residence Address 375 Pine Tree Lane, Bould	(Number and Street, er, CO 80304	City, State, Zip Code)		 	
Check Box(es) that Apply:	☐ Promotor	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
ull Name (Last name first, if it	ndividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promotor	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
ull Name (Last name first, if in	ndividual)				
usiness or Residence Address	(Number and Street,	City, State, Zip Code)	·		·
heck Box(es) that Apply:	Promotor	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if in	ndividual)				
usiness or Residence Address	Number and Street, (City, State, Zip Code)			
heck Box(es) that Apply:	☐ Promotor	Beneficial Owner	□Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if in	idividual)				
usiness or Residence Address	Number and Street, (City, State, Zip Code)			
heck Box(es) that Apply:	☐ Promotor	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if in	ndiviđual)				
usiness or Residence Address (Number and Street, (City, State, Zip Code)		···	
heck Box(es) that Apply:	Promotor	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if in	idividual)				
usiness or Residence Address (Number and Street, (City, State, Zip Code)			
heck Box(es) that Apply:	Promotor	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if ir	ndividual)				

A. BASIC IDENTIFICATION DATA

Each promoter of the issuer, if the issuer has been organized within the past five years;

Enter the information requested for the following:

B. INFORMATION ABOUT OFFERING	
	Yes No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	🗆 🗵
Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	
3. Does the offering permit joint ownership of a single unit?	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any con remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information dealer only.	ed is an associated or dealer. If more
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] {NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [RI] {SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] Full Name (Last name first, if individual)	☐ All States [HI] [ID] [MS] [MO] [OR] [PA] [WY] [PR]
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	☐ All States [HI] [ID] [MS] [MO] [OR] [PA] [WY] [PR]
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	☐All States [HI] [ID] [MS] [MO] [OR] [PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	Enter the aggregate offering price of securities included in this offering and the total amount already solurero." If the transaction is an exchange offering, check this box and indicate in the columns be offered for exchange and already exchanged.				
	Type of Security		Aggregate fering Price	Am	ount Already Sold
	Debt:	\$	-0-	\$	-0
	Equity:	\$_	500,000	\$	120,000
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	-0-
	Partnership Interests	\$	-0-	\$	0-
	Other (Specify _)	\$	-0-	\$	-0-
		\$	500,000	\$	120,000
		_			
	amounts of their purchases. For offerings under Rule 504, indicate the number of persons who has aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "ze	ro."	rchased secu Number Investors	A Doi	Aggregate llar Amount Purchases
	Accredited Investors		. 5	\$	120,000
	Non-accredited Investors				
			0	\$	0
	Total (for filings under Rule 504 only)		0	\$ \$	0 N/A
3.	Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1.	ties so	N/A old by the is	\$suer, to	N/A date, in ties by type
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this	ties s	N/A	\$suer, to	N/A date, in
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1.	ties so	N/A old by the is ing. Classif	\$suer, to	N/A date, in ties by type llar Amount Sold
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering	ties so	N/A old by the is ing. Classif Type of Security	suer, to	N/A date, in ties by type llar Amount Sold
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering Rule 505	ties so	N/A old by the is ing. Classif Type of Security N/A	suer, to by securi	N/A date, in ties by type llar Amount Sold N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering Rule 505 Regulation A	ties so	N/A old by the is ing. Classif Type of Security N/A N/A	suer, to y securi Dol	N/A date, in ties by type llar Amount Sold N/A N/A
 4. 	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering Rule 505 Regulation A Rule 504	ss	N/A old by the is ing. Classif Type of Security N/A N/A N/A N/A in this offer to future co	suer, to by securion Dolls \$\$	N/A date, in ties by type llar Amount Sold N/A N/A N/A N/A
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securamounts relating solely to organization expenses of the issuer. The information may be given as stamount of an expenditure is not known, furnish an estimate and check the box to the left of the esti	ss ss rrities subject mate.	N/A old by the is ing. Classif Type of Security N/A N/A N/A N/A in this offer to future co	suer, to y securi Dol \$ \$ \$ sing. Exnitingence	N/A date, in ties by type llar Amount Sold N/A N/A N/A N/A icclude ices. If the
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securamounts relating solely to organization expenses of the issuer. The information may be given as su amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and the left of the left of the estimate and the left of the left of the left of the estimate and the left of the le	\$ssrrities	N/A old by the is ing. Classif Type of Security N/A N/A N/A N/A in this offer to future co	suer, to y securi Dol \$ \$ \$ \$ ing. Exnitingence	N/A date, in ties by type llar Amount Sold N/A N/A N/A N/A clude cies. If the
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu amounts relating solely to organization expenses of the issuer. The information may be given as stamount of an expenditure is not known, furnish an estimate and check the box to the left of the esti Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	\$ssrrities	N/A old by the is ing. Classif Type of Security N/A N/A N/A N/A in this offer to future co	suer, to y securi Dol \$ \$ \$ sing. Exintingence \$ X X	N/A date, in ties by type llar Amount Sold N/A N/A N/A N/A clude ties. If the -0- 2,000 15,000 500
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu amounts relating solely to organization expenses of the issuer. The information may be given as st amount of an expenditure is not known, furnish an estimate and check the box to the left of the esti Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees	ss	N/A old by the is ing. Classif Type of Security N/A N/A N/A in this offer to future co	suer, to y securi Dol \$ \$ \$ \$ ing. Exintingence \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A date, in ties by type llar Amount Sold N/A N/A N/A N/A 2.000 15,000
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu amounts relating solely to organization expenses of the issuer. The information may be given as stamount of an expenditure is not known, furnish an estimate and check the box to the left of the esti Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	ss ss	N/A old by the is ing. Classif Type of Security N/A N/A N/A in this offer to future co	suer, to y securi Dol \$ \$ \$ sing. Exintingence \$ X X	N/A date, in ties by type llar Amount Sold N/A N/A N/A N/A clude cies. If the -0- 2,000 15,000 500 -0-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER (<u> OF INVESTORS, EXPENS</u>	ES AND USE	OF I	PROCEED!	<u>S</u>	
:	b. Enter the difference between the aggregate offeri response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		•	1 and	i total expen		nished in 80,000
5.	Indicate below the amount of the adjusted gross prothe amount for any purpose is not known, furnish a listed must equal the adjusted gross proceeds to the	oceeds to the issuer used or prop in estimate and check the box to	posed to be used the left of the e	stima n 4.b : Pa Di	ite. The total	of the p	shown. If
	Sales and fees			\$_	-0-	\$	-0-
	Purchase of real estate			\$_	-0-	\$	-0-
	Purchase, rental or leasing and installation of machi	inery and equipment		\$_	-0-	\$	-0-
	Construction or leasing of plant buildings and facilit	ties		s _	-0-	\$	-0-
	Acquisition of other businesses (including the value may be used in exchange for the assets or securities	of securities involved in this of another issuer pursuant to	ffering that merger)	\$	-0	\$	0-
	Repayment of indebtedness		X	\$	40,000	\$	-0-
	Working capital		⊠	\$	-0-	\$	440,000
	Other (specify):				-0-	\$	0-
					-0-	\$	-0-
	Column Totals		\	\$	40,000	\$	440,000
Tota	ll Payments Listed (column totals added)		⊠	<u>\$</u>	40,000	\$	440,000
	D.	FEDERAL SIGNATURE					
signature	er has duly caused this notice to be signed by the und constitutes an undertaking by the issuer to furnish to on furnished by the issuer to any non-accredited invo	o the U.S. Securities and Excha	ange Commission	n, upo	ed under Rul on written re	e 505, t quest of	the following
Issuer (Print or Type)	Signature			Date		
ITS KO	OOL, LLC	Collin	MO		October	3, 2007	i
Ву: Ап	nthony Peter Arnold	Manager	-		•		
	Intentional misstatements or omissions of	ATTENTION					

_	E. 5	STATE SIGNATURE	
1.	. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) p of such rule?	presently subject to any of the disqualification provisions	Yes No
	See Appendix	x, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to any s Form D (17 CFR 239.500) at such times as required by state	state administrator of any state in which this notice is filed, a not e law.	ice on
3.	. The undersigned issuer hereby undertakes to furnish to the st offerees.	tate administrators, upon written request, information furnished	by the issuer to
4.		with the conditions that must be satisfied to be entitled to the Unit is filed and understands that the issuer claiming the availability in satisfied.	
	The issuer has read this notification and knows the contents to be huly authorized person.	e true and has duly caused this notice to be signed on its behalf b	y the undersigned
╗	Issuer (Print or Type) Si	ignature Date	
]	ITS KOOL, LLC	October 3,	2007
1	Name (Print or Type) Ti	itle (Print or Type)	····
I	By: Anthony Peter Arnold M	fanager	
_			

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

AF	ΡPI	·N	DI	X

1	1 2 3 4 5									
1	to non-a	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK	<u> </u>									
AZ									<u> </u>	
AŘ										
CA							<u> </u>			
СО	<u> </u>									
СТ				4	100,000					
DE									!	
DC	<u></u>	<u> </u>					<u> </u>			
FL									<u> </u>	
GA										
HI		 								
ID								 		
IL	<u> </u>						<u> </u>		<u>.</u>	
IN	<u></u>									
ΙA		· 						! 		
KS	<u></u>	i							<u> </u>	
KY	<u> </u>									
LA										
ME	<u> </u>	-		<u> </u>						
MD										
MA									<u>.</u>	
MI										
MN	<u> </u>									
MS			<u></u>			<u> </u>				
МО		<u></u>								
	<u></u>	<u>.</u>	<u> </u>							

•		.	_	APPEN	IDIX				
Tr	Intend to non-a investor	I to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МТ						<u> </u>			<u></u>
NE	_		<u> </u>						
NV			<u> </u>				[
NH		··					<u> </u>		
NJ									
NM	<u> </u>]		
NY	-								
NC						·			
ND									
ОН		•=				<u> </u>			
OK								_	
OR .						<u>-</u>			
PA									
RI				1				····	
SC				!					<u> </u>
SD									<u> </u>
TN									1
TX									
UT		-		1	20,000				
VΤ				<u> </u>			:		<u> </u>
VA		**							
WA									
WV	·-								
wr			 					_	
WY									
PR									
110									

